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| Seal of the Commonwealth of Massachusetts | ***Commonwealth of Massachusetts***  ***Executive Office of Health and Human Services*** Office of Medicaid *www.mass.gov/masshealth* |

MassHealth

Transmittal Letter FAS-36

June 2022

**TO:** Freestanding Ambulatory Surgery Centers Participating in MassHealth

**FROM:** Amanda Cassel Kraft, Assistant Secretary for MassHealth [Signature of Amanda Cassel Kraft]

**RE:** *Freestanding Ambulatory Surgery Center Manual* (2022 HCPCS Code Revisions)

This letter transmits changes to the service codes in Subchapter 6 of the MassHealth *Freestanding Ambulatory Surgery Center Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2022. Changes to Subchapter 6 resulting from those updates are summarized below. For dates of service on or after January 1, 2022, freestanding ambulatory surgery centers participating in MassHealth must use the new codes in order to obtain reimbursement.

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at [www.mass.gov/service-details/eohhs-regulations](https://www.mass.gov/service-details/eohhs-regulations). The regulation title for Freestanding Ambulatory Surgery Centers is 130 CMR 423.00.

**2022 HCPCS/CPT Updates to Subchapter 6**

| **Deleted Codes** | **Replacement Codes** |
| --- | --- |
| 69718 | 69501-69530\*, 69535-69554\*, 69601-69604\*, 69610-69646\*, 69650-69662\*, 69666-69676\* |
| 69718 | 69501-69530\*, 69535-69554\*, 69601-69604\*, 69610-69646\*, 69650-69662\*, 69666-69676\* |

**\*** Codes currently exist in Subchapter 6

**General Healthcare Common Procedure Coding System (HCPCS) Changes**

Effective for dates of service beginning January 1, 2022, the following codes have been added to the list of HCPCS codes available in Subchapter 6 of the Freestanding Ambulatory Surgery Center Manual.

| **Added Codes** | **Code Descriptions** |
| --- | --- |
| 23334 | Removal of prosthesis from glenoid **or** humeral component of shoulder with/without debridement and/or synovectom |
| 27130 | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft |
| 27440 | Arthroplasty, knee, tibial plateau |
| 27446 | Arthroplasty, knee, condyle and plateau; medial OR lateral compartment |
| 27447 | Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) |
| 41899 | Unlisted procedure, dentoalveolar structures |

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MassHealth providers must refer to the American Medical Association’s 2022 Current Procedural Terminology (CPT) or the HCPCS Level II codebook for service descriptions of the codes listed in Subchapter 6 of the Freestanding Ambulatory Surgery Center Manual.

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at [www.mass.gov/lists/provider-payment-rates-community-health-care-providers-ambulatory-care](http://www.mass.gov/lists/provider-payment-rates-community-health-care-providers-ambulatory-care). The regulation title for Freestanding Ambulatory Surgery Centers is 101 CMR 347.00: Freestanding Ambulatory Surgery Centers.

**MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth-transmittal-letters](http://www.mass.gov/masshealth-transmittal-letters).

[Sign up](https://www.mass.gov/forms/email-notifications-for-masshealth-provider-bulletins-and-transmittal-letters) to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

**Questions**

If you have any questions about this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to (617) 988-8974.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Freestanding Ambulatory Surgery Center Manual

Pages 6-1 through 6-14

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Freestanding Ambulatory Surgery Center Manual

Page 6-1 through 6-14 — transmitted by Transmittal Letter FAS-35

601 Payable Surgery Services

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 423.000 and 450.000. A freestanding ambulatory surgery center may request prior authorization (PA) for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in Subchapter 6 of the *Freestanding Ambulatory Surgery Center Manual*.

**Legend**

CPA-2: A completed *Certification for Payable Abortion* form is required. See 130 CMR 423.419 for additional information.

CS-18 or CS-21: A completed *Sterilization Consent Form* (CS-18 for members aged 18 through 20; CS-21 form for members aged 21 and older) must be submitted. See 130 CMR 423.416, through 423.418 for more information.

CS-18\* or CS-21\*: A completed *Sterilization Consent Form* (CS-18 form for members 18 through 20; CS-21 form for members aged 21 and older) must be submitted, except if the conditions of 130 CMR 423.418(D)(2) and (3) are met. See 130 CMR 423.416 through 423.418 for more information and other submission requirements.

HI-1: A *Hysterectomy Information Form* must be completed.

IC: Claim requires individual consideration. See 130 CMR 423.402 and 450.271 for more information.

PA: Service requires the practitioner performing the procedure to obtain prior authorization. See 130 CMR 420.410, 423.406, 424.000, 433.408, and 450.303 in the *Dental Manual*, *Freestanding Ambulatory Surgery Center Manual*, *Podiatrist Manual*, and *Physician Manual*, respectively, for more information.

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11970 (PA for Gender Dysphoria-Related Services Only)

11971 (PA for Gender Dysphoria-Related Services Only)

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51715 (PA)

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54401 (PA)

54405 (PA)

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55175 (PA for Gender Dysphoria-Related Services Only)

55180 (PA for Gender Dysphoria-Related Services Only)

55250 (CS-18 or CS-21)

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56620 (PA for Gender Dysphoria-Related Services Only)

56625 (PA for Gender Dysphoria-Related Services Only)

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57291 (PA for Gender Dysphoria-Related Services Only)

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58565 (CS-18 or CS-21)

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58661 (CS-18\* or CS-21\*; PA for Gender Dysphoria-Related Services Only)

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58670 (CS-18 or CS-21)

58671 (CS-18 or CS-21)

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59841 (CPA-2)

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50 Bilateral procedure

51 Multiple procedures

73 Discontinued outpatient hospital/ambulatory surgery center (ASC) procedure before the

administration of anesthesia

74 Discontinued outpatient hospital/ambulatory surgery center (ASC) procedure after

administration of anesthesia

SG Ambulatory surgical center (ASC) facility service

603 Modifiers for Provider Preventable Conditions that Are National Coverage Determinations

Modifier Description

PA Surgical or other invasive procedure on wrong body part

PB Surgical or other invasive procedure on wrong patient

PC Wrong surgery or other invasive procedure on patient

For more information on the use of these modifiers, see [Appendix V](https://www.mass.gov/guides/masshealth-all-provider-manual-appendices) of your provider manual.

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